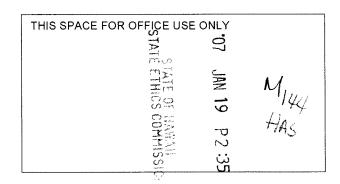
ce /2



## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, ASB TOWER 970

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	7.7F4 4.1.	int Oleany)		
PARTI LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Massengale	George	S.	808-721-9842	
MAILING ADDRESS (Street)			FAX	
850 Richards Street, Suite 505			528-1432	
(City)	(State)	(2	(Zip Code)	
Honolulu	HI	9	96813-4709	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
/				
MAILING ADDRESS (Street)		FAX		
(Çity)	(State)	(7	(ip Code)	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Hawaii Audubon Society	528-1423				
MAILING ADDRESS (Street)		FAX			
850 Richards Street, Sui	528-1432				
(City)	(State)	(Zip Code)			
Honolulu	HI	96813-4709			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
George Massengale	808-721-9842				
MAILING ADDRESS (Street)	FAX				
850 Richards Street, Suite 505		528-1432			
(City)	(State)	(Zip Code)			
Honolulu	HI	96813-4709			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify∕that th	e information furnished abov	e is, to the best of my knowled	ge, correct and complete.		
I hullbugh JAN 18, 07					
(Signature of Lobbyist)		(Date)			
(og. a.a.)					
PART V AUTHORIZATI	ON TO LOBBY				
NAME . TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Linda F	Paul				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Hanaii Andubon Society			528-1432		
MAILING ADDRESS (Street)			FAX		
850 Rich	ards St. Ste	505	528-1432		
(City)	(State)		(Zip Code)		
Honolulu	, H1		96734		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
$ $ $\mathcal{E}$	Pol		1/18/07		
(Signature of Authorizing Officer or Person Represented)			(Date)		